

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	1						51				
2	1						52				
3	1						53				
4	1						54				
5	1	1					55				
6	1						56				
7		1					57				
8	1						58				
9		1					59				
10		1					60				
11		1					61				
12		10					62				
13							63				
14							64				
15							65				
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39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	6						TOTAL IND.				
TOTAL DEP.	15						TOTAL DEP.				
TOTAL CLAIMS	21						TOTAL CLAIMS				